

# Integrating Clinical Judgement Skills in Nursing Curriculum and Improving Entry-Level Nursing Practices

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Hello, my name's Dr. Anne Dabrow Woods and I am the chief nurse of Wolters Kluwer Health Learning, Research and Practice. Today we're going to be talking about clinical judgment with Desiree Hensel. Clinical judgment has never been more important than it is right now. Today we are in the middle of a COVID-19 pandemic and nurses are on the front line and having to make critical decisions that involve clinical judgment and a lot of times those decisions make the difference between life and death for our patients. Our students today need to come out and be ready to practice and be able to put those skills of clinical judgment into place as soon as they hit the unit. It's really impingent upon our faculty to make sure that they're incorporating those skills of clinical judgment throughout the curriculum. I'm a practicing nurse practitioner and I'm also adjunct faculty for a local university here in Philadelphia and I can tell you that having clinical judgment is one of the most important skills that I possess because it allows me to make the best informed decisions so I can help my patients and provide the best care time over time. I'd like to take this opportunity to share with you the conversation I had with Dr. Desiree Hensel on the concept of clinical judgment.

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Hello, this is Dr. Anne Dabrow Woods and I am the chief nurse of Wolters Kluwer Health Learning, Research and Practice and this is From the Desk of the Chief Nurse. I am here today with Dr. Desiree Hensel. She's the Dean of the Curry College in the Greater Boston area.

Dr. Hensel thank you so much for joining me today.

Thank you for inviting me to talk with you today about clinical judgment.

So we know that NCSBN has put in clinical judgment into one of the things that they're going to start to measure. From your educational perspective, why is that so important and why does it make a difference when we try to transition students from education into the practice setting?

Clinical judgment, really, it's been around a long time. It's just we're starting to really understand where we have gaps in it and how important it is if the abilities take this to information and to see the pieces put it together and make the right decisions for our patients and it's important for patient safety. We know about 60% of all errors could have been prevented if our nurses made better decisions. The problem is health care has become so complex these days and nurses when they're training the upcoming generation are not really in a position that they can let students make mistakes to learn from

them. It's a patient safety issue so what we find is our students go to clinical but they may not have been put in the position to make the decisions or been allowed to make the decisions so when they actually have to do it they aren't prepared. We know we need to find better ways to help our students become prepared so they can be good decision-makers, so one of the things you know I've talked about is the importance of simulation and helping to teach students those skills around critical thinking and clinical judgment.

Can you talk to me a little bit more about that?

Well simulation is an ideal place. When I'm in a clinical setting and I'm the nurse or the faculty member who's supervising a student and I look and I see she's going to make mistake, I step in right away to stop; safety comes first. In simulation, the student gets to make the mistake and then they get to understand what the mistake causes and that imprints in a very different way to help them understand the consequences and to help them not make that mistake again. Simulation is critical but simulation can help inform us too on how we test our students. I've been in simulation since 2005 and one of the things I've come to learn is what you see in simulation are what students are really thinking and it can inform your testing in very interesting ways. What I've recently done is I observe the student simulations and that's becomes a scenario for my test questions, and the mistakes I'm actually seeing my students make I use as the options. I can give you a really good example. I do a hemorrhage scenario for postpartum hemorrhage and when the students would be testing it and the patient said they felt dizzy, more often than not I saw them raise the head of the bed instead of put it down and so that was what became a key. I learned what they weren't understanding; it was a really good place to integrate that into my test.

I think that's really great. I absolutely agree with you. We need to make sure that we have a safe place for students to learn. How do the students react when they go through the simulation and then you talk to them about what they did in that learning experience?

They react to them well if you've done it in a safe way. Usually they are very grateful for the experience. The problem comes if you have people who aren't trained in the pedagogy and they start pointing out mistake after mistake and that's really not what it's about. It's about the conversations to help them learn. If you have cultivated your simulation lab as a safe space for learning, then students respond very well to it and they overwhelming think "I'm so glad that I did it here and I didn't do it on a patient" and they tell us over and over I can do things here that I can't do in the hospital. And that's really how it helps them develop clinical judgment

That's great. You know one of the most important things around simulation is that debrief that you have with the students. Can you tell us a little bit about the importance of that and how it fits into the framework of clinical judgment?

So, the debriefing...hopefully it's informed by a pedagogical approach. Usually it starts with some kind of a summary and the event. Sometimes people start with students reliving their emotion – how did you feel about it? Sometimes that's how it starts but then it goes into the little pieces what went well, what didn't go well, what would you do differently... to help them think through it and get others joining in the conversation who saw things differently and different approaches. At the end then there's usually some kind of summary, like what was the takeaway lesson or how would this apply to a different situation. Let me take that postpartum hemorrhage example, what they don't really realize is they were treating shock. Shock has some unique characteristics in a postpartum hemorrhage, but treating shock

principle is the same in a lot of places – you decrease the head of the bed, you want to maybe elevate their legs, you're going to give them fluids – those kind of things are universal, so helping the students seeing it looks this way here and how would it look in a different place, that's helping them develop the clinical judgments. Because we can't tell them every single thing they are going to see out there; the things haven't even been invented yet that they're probably going to see, but if we can teach them how things look like in different scenarios and different places, then they're more likely to recognize it when they may not have actually had that lecture on what does shock look like with a pediatric patient.

That's right. So you know you've been you know teaching for quite a while and I would like to know from your standpoint now that we're really looking at clinical judgment and used to simulation, do you think that we're putting out students who are better prepared that transition into practice?

I would like to think so. I think we need more studies on that but in general what I think is that we are putting out students who think more broadly. You know the next step is testing them to make sure that we actually are teaching them right thing and they're learning the right things so that becomes the next step and that's what the National Council is really focusing on, making sure those entry level nurses are prepared for practice with that higher level of testing on clinical judgment. And the emphasis on that, that's something that we as educators really need to focus on so our questions are addressing those decision making clinical judgment questions that are so important and that we're not just asking them if this is normal blood pressure or what does a certain rash look like... it's what the nurse does what the information.

Well I just want to thank you for being here with me today on From the Desk of the Chief Nurse and talking about clinical judgment and simulation. I think this has been really informative, so thank you so much. This is From the Desk of the Chief Nurse this is Anne Woods saying thank you very much.

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